

not participate in the disease. A cut surface showed the structure white, and presenting fibres arranged side by side, with the appearance as seen in a common wart. The centre of the tumour was entirely disorganized, being diffusent and highly offensive. The tumour was not cancerous, and a microscopical examination showed the tissue to be composed of epithelial scales, making it probable that the disease originated in the mucous membrane of the antrum.

The patient was a man sixty-two years of age, who had suffered six months from a swelling of the right side of face, with very acute pain. Previous to the operation, the seat of the disease presented a smooth tumour extending from the temporal region to the lower jaw, measuring $5\frac{1}{2}$ by $4\frac{1}{2}$ inches in its two diameters, firm and painful on pressure, and causing, of course, great deformity. Enlarged veins were ramified over the surface, but these were only an exaggeration of a natural condition existing on the other side. There was no protrusion into the mouth; the teeth were all absent, but from the socket of one small fungus protruded, and a probe passed into this opening traversed the antrum, and made its appearance in the nostril, whence there was a profuse, fetid, puriform discharge, obstructing the passage of air.

The operation was performed by a single first incision from the temple to the angle of the mouth, and a second, dividing the upper lip to the nostril; the flaps were dissected from the surface of the tumour and the bones divided by cutting forceps. After removal of the principal portion, the disease was found to have extended backwards towards the base of the skull involving the pterygoid process, &c. It was not thought advisable to pursue the dissection in this direction, and the actual cautery was freely applied. The wound was united by sutures, &c., and healed almost entirely by the first intention, the patient doing very well, until the eighth day, when there were symptoms of a pneumonic affection, and the patient died on the eleventh day. The post-mortem examination showed a pneumonia of the right lower lobe, the disease presenting some of the characters of the affection arising from purulent absorption, the inflammation concentrating itself in spots, which exuded a grayish pus on pressure.

ART. IV.—*Subclavian Aneurism successfully treated by Ligature of the left Subclavian Artery; with an account of the appearances on dissection a year afterwards.* By J. MASON WARREN, M. D. [Communicated to the Boston Society for Medical Improvement.]

THE account of the operation in this case was originally published in this Journal for January, 1849. The patient died a year after the operation, being worn out by a confinement of three months with typhoid fever. In order to

a full understanding of the appearances observed at the dissection, a brief abstract of the case will be required.

The patient was a female, thirty years old, of a delicate constitution. I saw her for the first time, in December 1847, on account of a small aneurismal tumour, the size of a pigeon's egg, placed just above the scapular end of the left clavicle. She stated that four months previously, while making the effort to extract a cork from a bottle, she felt a sudden crack at the spot where the present tumour is situated. No enlargement was noticed until some days afterwards, since when it has been gradually increasing. At her first visit to me, it had a powerful pulsation, and possessed the usual thrill of an aneurismal affection.

On an examination of the neck, the subclavian artery was not to be found in its normal situation beneath the clavicle, but after a long and critical manipulation, it was discovered running in an oblique direction across the neck, parallel with the edge of the trapezius muscle, and in company with the cervical plexus of axillary nerves. The first and part of the second rib could be distinguished above the clavicle.

The operation was performed on Dec. 24th, 1847, the ligature being applied to the vessels, between the scaleni muscles. The pulsations in the aneurismal swelling immediately ceased, and all appearance of tumour disappeared. The pulsations in the artery at the wrist returned on the second day after the operation, though feebly, but in the course of a few days they were fully re-established. The ligature did not separate from the artery until the ninety-sixth day, notwithstanding repeated efforts were made to detach it.

On September 14th, nine months after the application of the ligature, I saw the patient. She was then quite well, had recovered the use of the arm, and was in no way incommoded from the effects of the operation to which she had submitted. The aneurismal tumour had in a great measure disappeared, though more prominent than immediately after the ligature of the vessel. It still conveyed the impression to the touch of containing fluid. On its surface was a large arterial branch, so incorporated with it as at first to give the idea of a return of pulsation in the whole mass, but which by more careful examination could be separated from it. The pulse at the wrist still remained less strong than in the corresponding artery of the other side.

She was subsequently seized with typhoid fever, from the effects of which she died, after an illness of three months.

As she lived out of town, I did not learn of her death until the following morning, when Dr. Brown and myself went out immediately, and requested an examination, which was readily granted. The corse was already prepared for interment, so that it was impossible to make any preparatory injection for the more satisfactory inspection of the collateral circulation, which in a case of this kind would have been highly desirable.

The body was in the most extreme state of emaciation. The sternum, which was deformed, was excavated in such a manner that the posterior por-

tion projected backwards, and was in contact with the left side of the spinal column. The lungs were in a high degree emphysematous. On the neck was seen a scar, an inch in length, at the spot where the incision had been made in the operation. No tumour or other marks were observed at the point formerly occupied by the aneurismal sac.

The skin, cellular membrane and fascia being removed, the vessels and nerves were at once exposed, on account of the great absorption of the adipose substance. The subclavian artery, from its origin to the internal edge of the scalenus anticus, maintained its original size; but here it suddenly terminated. From this spot to the aneurismal sac was extended a flat cord, an inch and a half in length, seeming to be composed of little more than condensed cellular membrane. The aneurismal sac had contracted to a bulbous form, and was about twice the size of the vessel in its normal state; the enlargement suddenly ceasing at the point where the artery is embraced by the two heads of the median nerve, and the vessel regaining its natural size. On its surface was the supra-scapular artery, in this case a branch of the transverse cervical, greatly enlarged, and which gave rise to the apparent pulsations in the tumour before death.

The vessels forming the thyroid axis were twice their natural dimensions. The internal mammary was enlarged, and given off from the thyroid; it was through this, by means of the inosculations of the intercostals with the thoracic, and the posterior scapular with the subscapular, that the collateral circulation had apparently been accomplished.

BOSTON, Oct. 31st, 1850.

ART. V.—*Two Remarkable Cases of Abstinence.*—By DR. JULIUS S. TAYLOR,
of Carrollton, Montgomery Co., Ohio. (Read before the Montgomery
Medical Society, November, 1850.)

CASE I.—MR. B. H.—, aged 50, the father of a large family, had always enjoyed good health, and had been an industrious and active man. He was given to speculations, in some of which he had been successful, in others had lost. His losses, however, preponderated to such an extent that in the year 1841 he found himself nearly reduced to bankruptcy. His creditors became uneasy, and “pushed” him—which harassed him exceedingly. He lost his appetite; bowels became constive; skin yellow and dry; tongue relaxed and buffy-coated; pulse small and irregular. In connection with this train of symptoms, he became melancholy and strange in his behaviour, which, in the estimation of some of his most intimate friends, was looked upon as affection or wilfulness. These symptoms having continued for several weeks, his anxious wife became alarmed, and sent for me as his medical adviser. I